

**State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0137  
Minutes of April 8, 2014**

**Board Members Present**

Maroulla Gleaton, M.D., Chairman  
David D. Jones, M.D., Board Secretary  
David R. Andrews, M.D.  
Louisa Barnhart, M.D.  
David H. Dumont, M.D.  
Dana D. Dyer  
David Nyberg, Ph.D.  
Peter Sacchetti, M.D.

**Board Staff Present**

Randal C. Manning, Executive Director  
Mark Cooper, M.D., Medical Director  
Kathryn Levesque, Investigator  
Tim Terranova, Assistant Executive Director

**Attorney General's Office Staff**

Dennis Smith, Assistant Attorney General  
Detective James Gioia, Attorney General's Office

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The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S. § 1711-C). The Board moved, seconded, and voted the following executive session times. During the public session of the meeting, actions are taken on all matters discussed during executive session. Discussions are projected on a screen.

**EXECUTIVE SESSION**

9:20 a.m. – 10:48 a.m.

**Complaints**

**I. Call to Order**

Dr. Gleaton called the meeting to order at 9:17 a.m.

**A. Amendments to Agenda**

1. Request for Clarification of Practice from Eileen Fingerman, M.D.
2. CR12-104 Consent Agreement Proposal

**B. Scheduled Agenda Items**

1:00 p.m. Hearing on Motion to Vacate Subpoena

**II. Complaints**

**1. Letters of Guidance**

- a. CR13-130 Karl E. Sanzenbacher, M.D.

Dr. Gleaton moved to approve the letter of guidance to Dr. Sanzenbacher. Dr. Jones seconded the motion, which passed unanimously.

2. CR12-225

Dr. Andrews moved to investigate further. Dr. Nyberg seconded the motion, which passed 7-0-0-1 with Dr. Jones recused.

3. CR13-205

Dr. Andrews moved to dismiss. Mr. Dyer seconded the motion, which passed 7-0-0-1 with Dr. Barnhart recused.

MOTION: The patient complains that her pain management physician's staff accused her of taking unprescribed opioids, and that they did not return her calls to the office. She also expresses concerns that staff may have tampered with her urine sample. The physician responded that all opioid precaution practices were conducted according to institutional policy. All documented calls were returned. The doctor offered apologies if some calls were not properly documented, and he counseled his staff. Records revealed excellent compliance with universal precautions for opiate prescribing. The patient's misunderstanding of one false positive test upset her, but subsequent urine samples suggested the possibility of patient tampering. The patient was then angered by the witnessed collection process to prevent such tampering, which had not been explained in the opioid contract. Opportunities for improved communication existed for both parties. The physician acknowledged this and presented his support for institutional practice improvements.

4. CR13-214

Dr. Andrews moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Gleaton recused.

MOTION: The patient complains the physician failed to treat her when she appeared at his office without an appointment, and he was not helpful in getting her CPAP machine replaced. The physician explained that the patient had an appointment scheduled for the next day and did not require acute care. He told the patient his day was fully booked with patients, whereupon the patient became angry and left. She then failed to keep her appointment the next day and did not see the physician again. A company other than the doctor's usual CPAP supplier was requested by the patient. The physician attempted to accommodate the patient's preference, but there was a delay over which the physician had no control.

5. CR13-220

Dr. Andrews moved to dismiss the complaint. Dr. Jones seconded the motion, which passed unanimously.

MOTION: The patient complains that her joint replacements were done unnecessarily. The surgeon responded that his pre-op diagnosis was accurate, and was fully discussed with the patient. In addition, the patient's pain and disability justified the surgical treatment that the patient also sought. The medical record was well done, and revealed a patient who was appropriately managed and informed of the surgical options and risks. There were some risk factors noted, but no second opinion was advised or requested. The patient was quite satisfied with the first procedure, and contralateral surgery was performed, but with a slower recovery. The patient then became dissatisfied post-operatively when another physician informally reviewed only her x-rays, and stated that they showed mild degenerative change, which was already known. Further post-op care was terminated by the patient. The records did not support the patient's complaint.

6. CR14-33

Mr. Dyer moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Andrews recused.

MOTION: The patient complains the physician misdiagnosed his pulmonary condition resulting in several hospitalizations. He also complains the physician referred to a chest x-ray which was not performed. The physician explains his care and states that the patient's pulmonary condition was stable at the time he was seen. He also furnished a copy of the x-ray report which did not indicate an acute condition.

7. CR14-2

Dr. Barnhart moved to dismiss the complaint. Dr. Jones seconded the motion, which passed unanimously.

MOTION: It appears this patient was motivated to file a complaint when his application for life insurance was denied based on information contained in his medical record. He asserts the physician is responsible for providing inaccurate information to the insurance company. The physician himself did not generate any of the information in question. The chart contains documents from other providers at other institutions. The patient signed a release, and the complete record was forwarded to the insurance company at their request. The patient disagrees with some of the clinical assessments in his chart, but there is no reason to believe these assessments were made falsely or incompetently.

8. CR14-11

Dr. Nyberg moved to order an Adjudicatory Hearing in the matter of the Board's complaint against William L. Salomon, M.D. Dr. Dumont seconded the motion, which passed unanimously.

9. CR14-12

Dr. Sacchetti moved to dismiss the complaint. Dr. Andrews seconded the motion, which passed unanimously.

MOTION: The complainant raises five issues: (1) office staff treated her like a drug dealer; (2) the physician tapered her from certain medications too quickly; (3) her concern about a bleeding disorder was not treated properly; (4) she had to ask for a liver function test; and (5) she was concerned about being on a certain medication. Prior to the complaint the patient was dismissed from the practice for violation of her narcotic agreement. The five issues raised are clearly and convincingly dealt with in the patient's record, supplemented with an affidavit sworn to by the office manager, along with a descriptive explanation of this patient's care provided by the physician.

10. CR13-209

Dr. Barnhart moved to dismiss the complaint. Mr. Dyer seconded the motion, which passed unanimously.

MOTION: A patient complained about the care he received from his primary care physician concerning medication prescribing. Review of the records reveals reasonable medical care with consideration of the patient's social and behavioral issues. The patient did not follow through with all of the physician's recommendations.

11. CR13-215

Dr. Jones moved to dismiss the complaint with a Letter of Guidance. Mr. Dyer seconded the motion, which passed unanimously.

MOTION: The complainant states that she underwent a gynecological procedure that caused her a lot of pain. She feels she was not adequately informed of her choices, had unacceptable pain, and was treated in a demeaning manner. Conversation that occurs between a patient and his or her doctor is often difficult to corroborate, but the patient's mother, who was also in the exam room along with the patient's two busy children, gave supporting statements concerning her daughter's complaint when interviewed by the Board investigator. The documentation in the record does not address the issues of pain, alternative choices or what was said to the patient. The physician dictated a letter to the patient immediately after the visit, but only to explain why the patient had to wait in the

exam room for the physician and not to address the issues that the patient later complained to the Board about. The Board asked the physician four questions, after the initial Board review of the complaint, to clarify the patient's care, communication that occurred in the exam room, and physician awareness of previous events in the patient's life. The Board believes that this physician intended to provide good care for this patient but may have been side tracked by time constraints, children in the room, a certain lack of sensitivity about the patient's history, and expectations for an outcome that did not occur. The letter of guidance will include guidance that:

1. Sensitivity to the patient's previous experiences is very important.
2. Clear communication about choices, expected outcomes and the patient's needs is very important.
3. Documentation in the medical record of actual events during an office visit or procedure is very important.

12. CR13-218.

Dr. Barnhart moved to dismiss the complaint. Dr. Jones seconded the motion, which passed 7-0-0-1 with Dr. Andrews recused.

MOTION: A patient complained about the care she received from a neurologist whom she saw several times in consultation. Review of the records indicates appropriate medical neurology care and recommendations. The patient did not fully concur or follow-up with the physician's recommendations.

13. CR14-1

Dr. Sacchetti moved to dismiss. Dr. Andrews seconded the motion, which passed 7-0-0-1 with Dr. Jones recused.

MOTION: The records do not support the patient's claims that her otolaryngologist acted wrongly in the peri-operative management of her condition. The physician reacted with appropriate concern toward her delayed recovery from surgery and took appropriate measures to reduce complications and ensure a successful outcome. The emergency department documents corroborate the physician's office records with regard to the patient's clinical progress.

14. CR14-21

Mr. Dyer moved to dismiss the complaint. Dr. Jones seconded the motion, which passed unanimously.

MOTION: The patient complains the physician ordered an expensive urine drug screen without her knowledge and in retaliation for an incorrect pill count. The physician replied that while she typically uses an in-house urine drug test, the patient had an

inaccurate pill count and irregularities on her PMP. As a result, she felt a qualitative drug screen was indicated. The patient signed a consent for the test.

15. CR14-26

Dr. Jones moved to investigate further. Mr. Dyer seconded the motion, which passed unanimously.

16. CR14-30

Dr. Jones moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed unanimously.

MOTION: A patient who is an inmate of a state correctional facility complains that the physician has refused to treat his transgender issues appropriately, including failing to order certain laboratory and psychological testing. The physician replied that he has never seen or evaluated the patient. The patient asserts that the physician's reply proves that the physician has refused to treat him. The medical records indicate that the patient has not been treated by the physician and has not requested and been denied treatment for transgender issues.

17. CR14-31

Dr. Jones moved to dismiss the complaint. Dr. Sacchetti seconded the motion, which passed unanimously.

MOTION: A patient who is an inmate of a state correctional facility complains that the physician has refused to treat his transgender issues appropriately, including failing to order certain laboratory tests and failure to prescribe hormone and other treatment. The physician replied that he did order laboratory testing and conducted an exam of the patient, which indicated that the patient did not have Klinefelter syndrome or abnormal hormone levels. The patient's request for further transgender treatment appears to be a legal rather than a medical issue.

18. Intentionally Left Blank

19. Intentionally Left Blank

III. Assessment & Direction

20. AD14-4

Dr. Dumont moved to table the matter. Mr. Dyer seconded the motion, which passed 7-0-0-1 with Dr. Andrews recused.

21. AD14-5

Dr. Jones moved to issue a complaint. Mr. Dyer seconded the motion, which passed 7-0-0-1 with Dr. Sacchetti recused.

22. AD14-38

Dr. Dumont moved to investigate further. Dr. Andrews seconded the motion, which passed unanimously.

23. AD14-50

Dr. Jones moved to file the assessment and direction. Dr. Sacchetti seconded the motion, which passed unanimously.

24. Intentionally left blank.

25. Complaint Status Report

The complaint status report was reviewed.

26. Consumer Assistant Feedback

The Board reviewed the consumer feedback.

27. Physician Feedback

The Board reviewed the physician feedback.

IV. Informal Conference (None)

Public Session

V. Minutes of March 11, 2014

Dr. Andrews moved to approve the minutes of the March 2014 meeting as amended. Dr. Jones seconded the motion, which passed unanimously.

VI. Board Orders & Consent Agreement Monitoring and Approval

A. Board Orders (none)

B. Consent Agreement Monitoring and Approval

1. Benjamin Brown, M.D.

Dr. Brown's consent agreement will be completed on April 14, 2014. He has been fully compliant with the terms.

2. Venkatram Nethala, M.D.

Dr. Andrews moved to terminate the consent agreement per Dr. Nethala's request. Dr. Barnhart seconded the motion, which failed 0-8-0-0.

Dr. Nyberg moved to deny the request to terminate the consent agreement. Dr. Jones seconded the motion, which passed unanimously.

3. William Fannin, M.D.

Dr. Jones moved to deny the requests to amend the consent agreement. Dr. Nyberg seconded the motion, which passed unanimously.

4. Compliance Report

The Board reviewed a report regarding the compliance of licensees currently subject to disciplinary action.

5. Cameron Bonney, M.D. (CR12-104)

Dr. Barnhart moved to unset the Adjudicatory Hearing. Dr. Andrews seconded the motion which passed 7-0-0-1 with Dr. Nyberg recused.

Dr. Jones moved to approve the Consent Agreement (Appendix A) presented by the Office of the Attorney General and previously signed by Dr. Bonney. Dr. Dumont seconded the motion which passed 7-0-0-1 with Dr. Nyberg recused.

VII. Adjudicatory Hearing (1:00 p.m.)

A. Hearing on Motion to Quash Investigative Subpoena.

After hearing arguments from counsel from both the State and the recipient of the subpoena, Dr. Nyberg moved to deny the request to vacate or modify the subpoena. Dr. Jones seconded the motion, which passed unanimously.

VIII. Remarks of Chairman

A. Body Modification Discussion



Dr. Jones moved that body modification is the practice of medicine as defined in M.R.S.A. 32 §3270. Dr. Andrews seconded the motion, which passed 7-2-0-0.

IX. Executive Director's Monthly Report

The Board accepted the report of the Executive Director.

A. Complaint Status Report

The complaint status report was received and reviewed.

B. Letter of Guidance Process Discussion

The Board discussed the Letter of Guidance process and agreed not to dismiss the complaint until the final draft of the letter has been approved.

C. Hanley Center Physician Executive Leadership

The Board congratulated Dr. Gleaton on her completion of the program at the Hanley Center Physician Executive Leadership Institute.

X. Medical Director's Report (None)

XI. Remarks of Assistant Attorney General (None)

XII. Secretary's Report

A. List A

1. M.D. List A Licenses for Ratification

Dr. Barnhart moved to ratify the Board Secretary's approval of the physician licensing applications on List A. Dr. Andrews seconded the motion, which passed unanimously.

The following license applications have been approved by Board Secretary David Jones, M.D., without reservation.

NAME	SPECIALTY	LOCATION
Abdu, William A.	Orthopedic Surgery	Telemedicine
Bair, Stuart A.	Psychiatry	Bangor
Borodic, Brent E.	Anesthesiology	Bangor
Duda, Jeremy B.	Radiology	Lewiston
Falk, Mark B.	Emergency Medicine	Bar Harbor
Fuchs, Rose M.	Family Medicine	Houlton
Gada, Elaine E.	Nephrology	Bangor
Gada, Hemal G.	Internal Medicine	Bangor

Garcia-Janis, Elizabeth A.	Psychiatry	Bangor
Gelwix, Christopher C.	Internal Medicine	Rockport
Gerrard, Paul B.	Physical Med & Rehabilitation	Portland
Gordon-Perue, Gillian L.	Psychiatry	Bangor
Graham, Lisa A.	Internal Medicine	Portland
Gricius, Jonas K.	Urology	Bangor
Hinchey, Sherri A.	Internal Medicine	Waterville
Raikhelkar, Jayashree K.	Anesthesiology	Lewiston
Kim, Myung H.	Orthopedic Surgery	Waterville
Lo, Theodore C.	Radiology	Not Listed
Mullan, John C.	Neurosurgery	Lewiston
Owusu, Jacqueline A.	Internal Medicine	Presque Isle
Poltak, Justin M.	Anesthesiology	Portland
Rambissoon, Savitri	Surgery	Southern Maine
Roberts, Eric C.	Physical Med & Rehabilitation	Waterville
Rubin, Alexander S.	Anesthesiology	Belfast
Sasikumaran, Ushakumari, Deepu	Anesthesiology	Bangor
Shrestha, Asha	Internal Medicine	Bangor
Simms, Gloria P.	Neurology	Waterville
Solo Rio, Jay R.	Orthopedic Surgery	Skowhegan
Tan, Paul D.	Internal Medicine	Bangor
Treon, Brian M.	Emergency Medicine	Telemedicine
Ward, Jeanine A.	Emergency Medicine	York
Wilson, Amanda L.	Internal Medicine	Not Listed

## 2. P.A. List A Licenses for Ratification

Dr. Dumont moved to ratify the Board Secretary's approval of the physician assistant licensing applications on P.A. List A. Dr. Sacchetti seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by Board Secretary David Jones, M.D., without reservation.

NAME	LICENSE	PSP	LOCATION
Andrew Farrell, P.A.-C	Inactive	None	None
Kimberly Grace, P.A.-C	Active	John Baker, M.D.	Newport
Aaron Hoyle, P.A.-C	Inactive	None	None
Cletus Ibe, P.A.-C	Active	H. Hollis Caffee, M.D.	Bangor
Crystal MacClintock, P.A.-C	Inactive	None	None
Samuel Neuschwander, P.A.-C	Active	Brenda Gowsesky	Bangor
Amanda Schweizer, P.A.-C	Active	Peter Amann, M.D.	Scarborough
Ryan Trosper, P.A.-C	Inactive	None	None
Whitney Vanderhoof, P.A.-C	Inactive	None	None
Kelly Weir, P.A.-C	Inactive	None	None

B. List B Applications for Individual Consideration

1. Paul J. Davis, M.D.

The Licensure Committee tabled the application and requested that the applicant appear before the Board for clarification.

2. Joseph G. Dramko, M.D.

The Licensure Committee moved to preliminarily deny the application and grant leave to withdraw. The motion passed 7-1-0-0.

3. Robert J. Manning, M.D.

The Licensure Committee moved to investigate further and ask that the applicant obtain a current medical evaluation or, if he does not, offer him leave to withdraw. The motion passed unanimously.

4. James A. Wichser, M.D.

Dr. Dumont moved to accept the applicant's request to withdraw his application, but not refund the application fee. Dr. Jones seconded the motion, which passed unanimously.

5. Marko A. Milijakovic, M.D.

The Licensure Committee moved to accept the applicant's request to withdraw his application. The motion passed unanimously.

6. Gideon M. Lorber, M.D.

The Licensure Committee moved to grant a waiver for the Step III 7 year rule and grant equivalency of his training per Chapter One Rules. The motion passed unanimously.

C. List C Applications for Reinstatement

1. List C Applications for Reinstatement (None)
2. List C Applications for Reinstatement for Individual Consideration (None)

D. List D Withdrawals

1. List D (1) Withdraw License Application (None)

2. List D (2) Withdraw License from Registration

Dr. Andrews moved to approve the licensees' requests on List D (2) to withdraw from registration. Sacchetti seconded the motion, which passed unanimously.

The following physicians have applied to withdraw their licenses from registration.

<u>NAME</u>	<u>LICENSE NUMBER</u>
Cross, Harold	MD5017
Duttner, Elizabeth	MD18944
Elbadwai, Nabila	MD8572
Lochner, John	MD17839
Lum, Donald	MD19540
Osher, Harold	MD4315
Rosenwasser, Tamzin	MD14270
Wilkins, Dennis	MD15232

3. List D (3) Withdraw License from Registration - Individual Consideration (None)

E. List E Licenses to lapse by operation of law

The following physician licenses lapsed by operation of law effective March 11, 2014.

<u>NAME</u>	<u>LICENSE NUMBER</u>
Baker, Stacia	MD14057
Balian, Epiphanes	MD6981
Burns, Charles	MD10198
Churchill, Susan	MD12746
Deisler, Patricia C.	MD17032
Fahey, Josphe	MD17732
Ho, John	MD18195
McKernan, Margaret	MD17364
O'Mahony, Ruth	MD18008
Spalding, Stephen	MD19060
Steinberg, Peter	MD18468
Traynor, Ann E.	MD17505

F. List F Licensees requesting to convert to active status (None)

G. List G Renewal applications for review

1. Mark Bucksbaum, M.D.

The Board did not take action on this matter.

#### H. List H. Physician Assistant Schedule II Authority Requests for Ratification

1. Dr. Sacchetti moved to ratify the Board Secretary's approval of the following renewal requests for Schedule II prescribing authority. Dr. Andrews seconded the motion, which passed unanimously.

The following renewal requests for Schedule II prescribing authority have been approved by Board Secretary David Jones, M.D., without reservation.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
Nichole Beaulieu, P.A.-C	Lisa Floyd, M.D.	Bangor
Amelia Brochu, P.A.-C	Charles Danielson, M.D.	Waterville
Michael Verville, P.A.-C	Jamie Loggins, M.D.	Lewiston

#### 2. Applications for New Schedule II Authority

Dr. Andrews moved to ratify the Board Secretary's approval of the following requests for Schedule II Authority. Dr. Sachetti seconded the motion, which passed unanimously.

The following new requests for Schedule II prescribing authority have been approved by Board Secretary David Jones, M.D., without reservation.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
William Bisbee, P.A.-C	Thomas Mitchell, M.D.	Rockport
Zorica Bajic, P.A.-C	Catherine Share, M.D.	Biddeford
Laura Connors, P.A.-C	Rodney Chelberg, M.D.	Bangor
Kimberly Grace, P.A.-C	John C. Baker, M.D.	Norway
Jennifer Harvey, P.A.-C	Henry Atkins, M.D.	Bangor
Cletus Ibe, P.A.-C	H. Hollis Caffee, M.D.	Bangor
Van Lamore, P.A.-C	Jose Ramirez, M.D.	Oakland
Callie McMahon, P.A.-C	James Mullen, M.D.	Brunswick
Lara Melchionda, P.A.-C	Darin Miller, M.D.	York
Joseph Perocier, P.A.-C	Gregory Pomeroy, M.D.	Portland
Carolyn Pollard, P.A.-C	Henry Atkins, M.D.	Bangor

Diane Reynolds, P.A.-C	Rodney Chelberg, M.D.	Bangor
Marybess Skaletsky, P.A.-C	Robert Ecker, M.D.	Scarborough
Elizabeth Tulip, P.A.-C	Timothy Richardson, M.D.	Augusta
Michael Valentine, P.A.-C	Robert Ecker, M.D.	Scarborough
Michael Vieira, P.A.-C	James Wilson, M.D.	Scarborough
Marie Weferling, P.A.-C	Gregory Leather, M.D.	Rockport

### XIII. Standing Committee Reports

#### A. Administration, Policy and Rules Committee

Dr. Jones moved to accept changes recommended to the current draft of the joint Chapter 2 Rules. Dr. Nyberg seconded the motion which passed 7-0-0-1 with Dr. Dumont recused.

#### B. Special Projects and Clinical Evaluation Committee

The committee discussed telemedicine. A draft policy will be edited and returned for Board review at a later date.

The committee also invited prison representatives and the prison health care service to attend a future meeting.

#### C. Licensure and CME Committee

The Board directed staff to proactively notify licensees whose renewal applications are pending due to open complaints that there is a waiver process.

### XIV. Board Correspondence (None)

### XV. Other Business

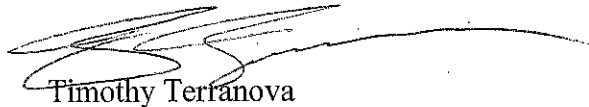
#### A. Request for Clarification of Practice – Eileen Fingerman, M.D.

Dr. Fingerman requested clarification of the process used by the Kennebec County Jail that allows pregnant women, who are addicted to opiates, to be prescribed suboxone without being seen by the prescribing physician. The patient is evaluated by a nurse or nurse practitioner prior to the prescription being issued. Dr. Fingerman would follow-up with the patient as soon as possible. It was estimated that this circumstance happens approximately four times a year.

The Board appreciated the question being asked and agreed that in this situation, the practice as described is an acceptable attempt at harm reduction to both the mother and child.

XV. Adjournment 3:27 p.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Timothy Terranova', written over a horizontal line.

Timothy Terranova  
Assistant Executive Director

STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

IN RE:	)	
CAMERON R. BONNEY, M.D.	)	CONSENT AGREEMENT
Complaint No. CR12-104	)	
	)	

This document is a Consent Agreement, effective when signed by all parties, regarding: (1) discipline imposed upon the Temporary Educational Certificate to practice in a medical residency in the State of Maine to Cameron R. Bonney, M.D.; and (2) issuance of a one-year extension of the Temporary Educational Certificate to practice in a medical residency in the State of Maine to Cameron R. Bonney, M.D. subject to conditions. The parties to this Consent Agreement are: Cameron R. Bonney, M.D. ("Dr. Bonney"), the State of Maine Board of Licensure in Medicine (the "Board") and the Maine Office of the Attorney General. In the event that Dr. Bonney applies for a medical license in Maine, this Consent Agreement does not prevent the Board from taking other action authorized by law and not identified in this Consent Agreement with regard to that application due to the difference between the level of supervision and autonomy as a medical resident and a fully licensed physician.

STATEMENT OF FACTS

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1. The Board first issued Dr. Bonney a Temporary Educational Certificate to practice medicine in a residency program in Maine on July 1, 2011. Dr. Bonney's medical residency is in the medical specialty of psychiatry.

2. On November 7, 2011, the Board received written notification from Dr. Palmer of the Medical Professionals Health Program ("MPHP") that Dr. Bonney had twice tested positive for alcohol, but that Dr. Bonney denied drinking alcohol and claimed "his overuse of hand sanitizer is the source of the positive results." The MPHP and Dr. Palmer rejected as scientifically implausible Dr. Bonney's claim that the test results were "generated from incidental exposure" and chose to "increase his testing frequency" and intensify his counseling.

3. On November 8, 2011, the Board reviewed the information provided by the MPHP, and initiated a complaint against Dr. Bonney alleging unprofessional conduct and habitual substance abuse, and sent it to him for a response. The Board docketed the complaint as CR11-480.

4. On February 21, 2012, the Board received Dr. Bonney's response to complaint CR11-480. It spanned 11 pages and included 16 medical papers, which he submitted in support of his assertion that he did not consume any alcohol and that the positive tests for alcohol resulted from his use of alcohol-based hand sanitizer. Dr. Bonney stated unequivocally that he was "abstinent continuously" and "I did not drink alcohol." Dr. Bonney claimed to regard the MPHP "as valuable supports" in his recovery. Dr. Bonney stated that he "was fully cognizant of [his] need to remain abstinent from drinking alcohol" and assured the Board that, if he had used



alcohol, "[he] would admit it and take responsibility for what I had done." Dr. Bonney asserted the test results were "false positives" because he knew "that I did not drink alcohol." The remaining 10 pages of Dr. Bonney's response purported to be a scientific explanation as to why, contrary to the conclusion of the MPHP experts, the results of his tests were "false positives."

5. On March 12, 2012, the Board reviewed Complaint CR11-480, including Dr. Bonney's written response, credited his claims of abstinence from alcohol, and dismissed the complaint. In addition, on April 10, 2012, the Board issued Dr. Bonney a letter of guidance advising him: (1) to avoid use or ingestion of any product known to contain alcohol; and (2) that his "use of any substance containing alcohol even as an incidental component" would not be accepted as a defense to future positive tests. The letter of guidance also specifically informed Dr. Bonney that "failure to heed this guidance might lead to a disciplinary proceeding."

6. On June 12, 2012, the Board received written notification from the MPHP that Dr. Bonney had again tested positive for alcohol use, that he had "voluntarily disclosed the violation of his contract with us," and that he would "continue to be monitored under a monitoring contract but future discussions will ensue to determine the next step for his care." On June 12, 2012, Board staff contacted the MPHP to clarify its report, and learned that Dr. Bonney had "engaged in social drinking with friends on the weekend."

CRB 7. On June 12, 2012, the Board reviewed the information provided by the MPHP, initiated a second complaint (CR12-104) against Dr. Bonney alleging unprofessional conduct and habitual substance abuse, and sent it to him for a response. The Board docketed that complaint as CR12-104. In addition, the Board directed that Dr. Bonney undergo a neuropsychological evaluation pursuant to 32 M.R.S. § 3286.

8. On August 22, 2012, the Board received Dr. Bonney's response to Complaint CR12-104. In his response, Dr. Bonney admitted consuming alcohol in violation of his contract with the MPHP. In stark contrast to his response to the first complaint, Dr. Bonney alleged that the reason that he entered the MPHP was not because he thought it would benefit his recovery, but because he believed that he would not get a license unless he did so. Dr. Bonney stated that he would have said/done "anything in the world to keep [his residency]." In addition, Dr. Bonney asserted that the MPHP "staff have no idea who I am, what my issues were, or what I might need now" and that its program was "restrictive, punitive, expensive, and unnecessary." Dr. Bonney admitted that he previously lied to the MPHP and the Board about his "abstinence from alcohol." Contrary to what he stated in his response to Complaint CR11-480, Dr. Bonney stated in his response to Complaint CR12-104 that he "consume[s] alcohol socially and [has] consumed alcohol socially since [he] arrived in Maine and even before." Dr. Bonney stated that the reason he lied about abstaining from alcohol was because he felt "obliged" to tell it "what [he] thought the Board would want to hear." Dr. Bonney then asserted that he had no problem with alcohol and "suffered no ill consequences except those imposed on me by the Board and the MPHP." Dr. Bonney concluded by asking that the Board "not stand in [his] way"

9. On September 24, 2012, the Board received written notification from the MPHP

that Dr. Bonney left its program despite its recommendation that he continue "participation and monitoring."

10. On December 6, 2012, the Board received the results of an evaluation performed of Dr. Bonney by Jonathan Siegel, Ph.D. This was the first time that the Board learned that Dr. Bonney had "an historical problem" with the illicit use of both prescription and illegal drugs which reportedly ended 15 months prior to his application for a Temporary Educational Certificate from the Board. According to the evaluation, Dr. Bonney admitted that despite his written contract with the MPHP he continued to consume alcohol, and that he lied to the MPHP about not consuming it. Dr. Bonney explained why he lied to the MPHP and the Board, stating "that the inclusion of the research on the subject of EtG was an effort to put the burden of proof back on the [M]PHP and the Board." According to the evaluation, when the Board dismissed the first complaint and issued him a letter of guidance Dr. Bonney felt "it was a win for [him], even though an untruthful win... having some control over things again."

11. On January 13, 2013, the Board reviewed the second complaint, including Dr. Siegel's evaluation of Dr. Bonney. Following its review, the Board determined that it did not have enough information upon which to make a decision, and directed that Dr. Bonney undergo a specific evaluation for alcohol abuse/dependence by an addictionologist.

CRB 12. On November 12, 2013, the Board reviewed the report of Dr. Bonney's evaluation by addictionologist James W. Berry, M.D. Following its review, the Board voted to schedule Complaint CR12-104 for an adjudicatory hearing. In addition, the Board voted to offer Dr. Bonney this Consent Agreement to resolve the matter without further proceedings.

13. On February 21, 2014, the Board received a notification from the residency program requesting a one-year extension of Dr. Bonney's Temporary Educational Certificate. Although the Board has not yet received an application from Dr. Bonney to renew his Temporary Educational Certificate, it expects that he will be filing one.

14. This Consent Agreement has been negotiated by and between legal counsel for Dr. Bonney and the Maine Office of the Attorney General in order to resolve Complaint CR12-104 and Dr. Bonney's anticipated filing of an application to renew his Temporary Educational Certificate for one-year without an adjudicatory hearing. Absent Dr. Bonney's acceptance of this Consent Agreement by signing it, dating it, having it notarized, and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137, on or before April 15, 2014, the Board will resolve these matters by holding an adjudicatory hearing.

15. By signing this Consent Agreement, Dr. Bonney waives any and all objections to, and hereby consents to allow the Board's legal counsel to present this proposed Consent Agreement to the Board for possible ratification. Dr. Bonney also forever waives any arguments of bias or otherwise against any of the Board members based solely upon its failure to ratify this proposed Consent Agreement.

### COVENANTS

In lieu of proceeding to an adjudicatory hearing the Board and Dr. Bonney agree to the following disposition.

16. Dr. Bonney admits that with regard to Complaint CR12-104; he engaged in unprofessional conduct in violation of 32 M.R.S. § 3282-A(2)(F) by making purposefully dishonest statements to the Board in his response to complaint CR11-480 by denying any use of alcohol and attributing the positive urine screens to his use of alcohol-based hand sanitizer. Dr. Bonney admits that such conduct constitutes grounds for discipline of his Temporary Educational Certificate issued by the Board and the denial of an application to renew his Temporary Educational Certificate.

17. The Board agrees to issue, upon receipt of an application from Dr. Bonney, the renewal of his Temporary Educational Certificate for one year subject to the discipline and conditions imposed pursuant to paragraph 18 below.

18. For the conduct admitted above, Dr. Bonney agrees to accept and the Board agrees to issue the following discipline regarding Dr. Bonney's Temporary Educational Certificate:

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a. A REPRIMAND effective on the date of the execution of this Consent Agreement. As a medical professional and licensee of the Board, Dr. Bonney was responsible for being honest and forthright in all his communications with the Board and with the medical professionals of the MPHP who were involved in his care and monitoring. Dr. Bonney shall not again engage in this type of dishonest and unethical behavior.

b. A FINE of One Thousand Five Hundred Dollars and Zero Cents (\$1,500.00). Dr. Bonney shall ensure that he pays the \$1,500 fine within six (6) months following the execution of this Consent Agreement. Dr. Bonney shall remit payment of the \$1,500 fine to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137. The fine shall be made payable to "Treasurer, State of Maine."

c. Accept a LICENSE PROBATION with conditions for two (2) years, which probation shall commence following the execution of this Consent Agreement. The conditions of probation shall include:

(1) Abstinence. Dr. Bonney agrees that he shall completely abstain from the use of any and all Prohibited Substances. "Prohibited Substances"<sup>1</sup> as used

<sup>1</sup> This definition excludes "alcohol."

throughout this Consent Agreement shall mean: benzodiazepines; sedatives; hypnotics or similar drugs; opiates; Fentanyl; morphine; Demerol; Vicodin; Percocet; amphetamines; mood, consciousness or mind altering substances, whether illicit or not; and all drugs , except those which are dispensed to or prescribed for him by a single primary care physician/medical provider approved by the Board pursuant to this Consent Agreement, unless the circumstances constitute a genuine medical or surgical emergency.

(a). Prescription Medication. If any controlled drug is dispensed or prescribed for Dr. Bonney for a personal medical condition, Dr. Bonney or the Supervising Physician (designated pursuant to Paragraph 18,c.4, below) shall notify the Board by telephone and in writing within 48 hours or as soon thereafter as possible. This notice shall be followed by a written summary of all pertinent circumstances, including the identification of the controlled drug. The Board shall be apprised of all continuing pertinent circumstances regarding continued use of the controlled drug, and a written report thereof shall be submitted to the Board.

dB (b). Future Use of Prohibited Substances Shall Result in Loss of Licensure. Dr. Bonney agrees and understands that any reliable evidence of his use during the period of probation ; whether in Maine or elsewhere, of any Prohibited Substance identified in paragraph 18(c)(1), except as permitted herein, SHALL RESULT IN THE IMMEDIATE, AUTOMATIC SUSPENSION OF LICENSURE PENDING HEARING, AND PROOF OF USE MAY RESULT IN PERMANENT REVOCATION OF LICENSURE.

(2). SINGLE PHYSICIAN/MEDICAL PROVIDER. Dr. Bonney agrees and understands that, with the sole exception of medications permitted by the Board to be prescribed to him by a Board-approved treating physician/medical provider, he shall only obtain his prescription medication(s) from a single physician/medical provider approved by the Board. Dr. Bonney agrees and understands that he will not make any unilateral changes to the medication regimen prescribed for him by his Board approved physician/medical provider. In addition, Dr. Bonney agrees that any and all prescriptions for medications that are prescribed to him by his Board-approved physician/medical provider shall be filled by him at a single pharmacy.

(3). TOXICOLOGICAL TESTING. Dr. Bonney understands and agrees that, for the duration of probation, he will undergo toxicological testing to determine whether he has used a Prohibited Substance as defined in paragraph 18(c)(1) above. Dr. Bonney irrevocably agrees that the Board and the Maine Department of Attorney General will have full access to all information involved in the process of the toxicological testing, including but not limited to test data and reports. Dr. Bonney shall execute any and all releases necessary for the Board and/or the Attorney General to have full access to all information related to his toxicological testing. The toxicological testing shall be through any of the following methods approved by the Board:

- (a) Hair testing pursuant to a process approved by the Board;
- (b) Urine testing pursuant to a process approved by the Board;
- (c) Blood testing pursuant to a process approved by the Board.

For the purposes of this section, it is understood by the parties that the Board shall initially approve toxicological hair testing; however, nothing in this section shall be deemed to limit in any way the Board's authority to direct that Dr. Bonney undergo toxicological testing of his urine or blood.

(4). SUPERVISING PHYSICIAN. Dr. Bonney shall, immediately following the execution of this Consent Agreement, propose a Supervising Physician (the "Supervising Physician"), to the Board. The Board shall have the sole discretion to deny or approve any Supervising Physician proposed by Dr. Bonney. The Supervising Physician shall personally oversee the toxicological testing by a method approved by the Board of Dr. Bonney for the presence of Prohibited Substances. Under no circumstances shall Dr. Bonney fail to appear and/or provide a sample for testing as required by this Consent Agreement.

alb (a). Process. All hair, blood or urine samples shall be handled through legal chain of custody methods. All hair, blood or urine samples provided shall be analyzed by a certified laboratory, which regularly handles drug monitoring tests. All samples shall be tested for the presence of Prohibited Substances, specifically including but not limited to amphetamines.

(b). Frequency of Toxicological Testing. It is Dr. Bonney's obligation to ensure that he complies with the following schedule of toxicological testing:

- (i) Hair testing. If this method of testing is approved by the Board, Dr. Bonney shall, following the execution of this Consent Agreement, provide hair samples for testing for the presence of Prohibited Substances at least once per calendar month.
- (ii) Blood/Urine. If this method of testing is approved by the Board, Dr. Bonney shall, following the execution of this Consent Agreement, provide blood/urine samples for testing for the presence of Prohibited Substances at least twenty (20) times per calendar year.

Failure to maintain this schedule shall be cause for suspension, non-renewal or revocation of Dr. Bonney's Temporary Educational Certificate, unless proof of genuine emergent medical circumstances (for Dr. Bonney or a patient) exist which warrant less serious disciplinary actions being taken by the Board.

(c). Methodology of Toxicological Testing. Any toxicological testing performed on Dr. Bonney that initially indicates his use of a Prohibited Substance shall automatically result in an LC-MS confirmation test. If the LC-MS confirmation test is "positive" for the presence of a Prohibited Substance, then the test result will be "positive."

(d). Reporting Test Results. It is Dr. Bonney's responsibility to ensure that all test results are reported to the Board in accordance with the following:

(i). Immediate Report of Positive Test Results. Any "positive" toxicological test result evidencing any level of a Prohibited Substance shall be reported to the Board by telephone and in writing within 24 hours or as soon thereafter as possible.

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(ii). Reporting Negative Test Results. Written reports of all toxicological tests shall be sent to the Board monthly, together with an explanation of the dates and times samples were provided and tests made, the type(s) of tests made, and the substances tested for (together with detectable levels tested for), and the test results. Dr. Bonney shall ensure that all reports are made to the Board in a timely fashion.

(iii). Confidentiality Waived. With regard to the Board and its agents and any process to be pursued by the Board, Dr. Bonney hereby waives all claims of confidentiality and privilege with respect to all toxicological tests taken and toxicological test results pursuant to this Consent Agreement. Dr. Bonney shall execute any and all releases in order for the Board to obtain access to and copies of all urine test results.

(e). Rebuttable Presumption Raised by Positive Test. It is agreed and understood that a toxicological test evidencing the presence of any Prohibited Substance, shall raise a rebuttable presumption that such substance was in fact used by Dr. Bonney. Such a positive test result shall alone be sufficient to prove the use of the Prohibited Substance by Dr. Bonney. Dr. Bonney further agrees that the result of the toxicological test may be admitted into evidence in any proceeding regarding his Temporary Educational Certificate, whether before the Board or before a Court of competent jurisdiction. Dr. Bonney is hereby advised that ingestion of poppy seeds has from time to time been raised as a defense to a positive screen result for morphine and/or opiates. For that reason,

Dr. Bonney agrees to refrain from ingesting poppy seeds in any food substances during the period of probation. In the event that Dr. Bonney has a positive screen for morphine and/or opiates, Dr. Bonney agrees that the ingestion of poppy seeds shall not constitute a defense to such a positive screen.

(f). Immediate, Automatic Suspension for Positive Test. If any toxicological test is reported to be "positive" (as defined in Paragraph 18.c.4.c, above) then the result shall be the immediate, automatic suspension of Dr. Bonney's Temporary Educational Certificate, which shall continue until the Board holds a hearing on the matter, unless the Board, or the Board Secretary and the Department of Attorney General, earlier determine that the report is without merit. The suspension shall become effective at the time that Dr. Bonney receives actual notice from the Board that a report of violation(s) has been made. Actual notice can be provided by telephone, in person, in writing, by another means or any combination of the above-referenced means.

CB (g). Board Hearing to Determine if Dr. Bonney Used Any Prohibited Substance. After receiving a positive report evidencing use by Dr. Bonney of any Prohibited Substance, the Board shall investigate the situation, including initiating a complaint and demanding a written response from Dr. Bonney. The Board will hold a hearing within 30 days of the automatic suspension or as soon thereafter as practicable (unless both Dr. Bonney and the Board agree to hold the hearing later) and it shall be held pursuant to the Maine Administrative Procedure Act.

(h). Failure to Maintain Sampling Schedule or Failure to Appear or to Provide Sample. Failure by Dr. Bonney to maintain the sampling schedule; to appear when demanded to provide a sample; or to provide testable samples upon being demanded to do so shall be dealt with as follows:

(i). Report. If Dr. Bonney fails to appear to provide a hair sample, fails to maintain the sampling/testing schedule, or fails to provide a blood or urine sample, then the Supervising Physician and Dr. Bonney must telephone the Board as soon as possible and send to the Board a written report of such failure within 48 hours.

(ii). Suspension. An immediate, indefinite suspension of licensure shall result from any failure by Dr. Bonney to comply with the mandated schedule of samples, failing to appear to provide a sample, or failing to provide a testable sample. The suspension shall begin the moment Dr. Bonney actually learns a report has been made or sent to the Board.

(iii). Board Action. The Board may order Dr. Bonney's Temporary Educational Certificate reinstated or, if appropriate, may continue the suspension and may set the matter for hearing. The Board shall attempt to hold a hearing within 60 days of the automatic suspension, or as soon thereafter as practicable, at which time it may take such action as it deems appropriate, including without limitation, reinstatement, fines, probation, suspension, non-renewal and revocation.

(5) PROFESSIONAL MANAGEMENT.

(a). Substance Misuse Treatment. Within thirty (30) days following the execution of this Consent Agreement, Dr. Bonney shall submit for Board approval the name and qualifications of a licensed substance misuse health care provider with whom Dr. Bonney shall engage in substance misuse treatment and as frequently and for as long as determined necessary by the provider(s). The Board shall retain the sole discretion, without hearing, to grant or deny approval of the provider(s) proposed by Dr. Bonney. In the event that the Board-approved substance misuse provider indicates that no on-going treatment for substance misuse is necessary, he/she shall provide the Board with a formal substance abuse evaluation to support his/her opinion.

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(b). Prior Evaluation and Treatment Records. The Board and Dr. Bonney agree that Dr. Bonney shall execute all releases necessary to permit the transmission and disclosure of all records from any previous substance misuse treatment providers to the Board approved substance misuse treatment provider. In addition, by entering into this Consent Agreement, Dr. Bonney expressly consents to the Board's release of any evaluations in its possession to his Board-approved substance misuse treatment provider.

(c). Communication of Substance Misuse Treatment Providers. The Board and Dr. Bonney agree that all substance misuse treatment providers involved in his care shall have full communication allowed among themselves, any prior treatment providers and, when requested, with the Board or its agent(s). Dr. Bonney waives any privileges concerning such information, reports, records, and communications among his substance misuse treatment providers and the Board.

(d). Change of Substance Misuse Care Provider. If Dr. Bonney desires to change his substance misuse health care provider, then he shall make written application to the Board, including among other things a letter regarding his reasons for requesting such change(s) and separate letters from the current substance misuse care provider and the proposed new substance misuse health care provider or treatment provider(s) relative to their understanding of the reasons for this request and, to the extent applicable, any concerns they may have.



The Board shall retain the sole discretion to grant or deny such application without hearing. If the request is denied, nothing precludes Dr. Bonney from proposing another substance misuse care provider for approval. In requesting a change of the substance misuse care provider, Dr. Bonney understands that the Board may inquire into any issues it deems pertinent with any person, including, without limitation, contacting directly the current substance misuse care provider.

(e). Reports from Substance Misuse Treatment Provider. Dr. Bonney shall ensure that following the commencement of probation the Board-approved treatment provider(s) submit(s) to the Board (a) written report(s) every ninety (90) days regarding: Dr. Bonney's compliance with his schedule of meetings; Dr. Bonney's ability to continue practicing medicine; and the prognosis of Dr. Bonney's continued recovery. In addition, the treatment providers shall immediately notify the Board in writing whenever: (1) in his/her professional judgment, Dr. Bonney poses a potential danger to the health, safety and welfare of patients; or (2) Dr. Bonney terminates treatment or is non-compliant with the treatment plan. Dr. Bonney hereby waives any privileges concerning such information, reports, records and disclosures to the Board.

ARB (f). Board Investigation. At any time the Board may deem appropriate, the Board or its agent may contact Dr. Bonney and/or the Board-approved substance misuse treatment providers to obtain further information relative to Dr. Bonney. In addition, if the Board deems it appropriate, it may directly contact the substance misuse treatment providers regarding any issues concerning Dr. Bonney's treatment. In complying with this requirement, Dr. Bonney waives any privileges concerning such information, reports, records and disclosures to the Board. Dr. Bonney shall execute any and all releases necessary to enable the Board and/or the Attorney General to communicate directly with his substance misuse treatment provider(s) and to obtain copies of any and all notes, records, and documentation concerning his substance misuse treatment.

(6). Notification to Employer(s)/Potential Employers/Licensing Jurisdictions. Dr. Bonney shall provide a copy of this Consent Agreement to any employer(s) or potential employer(s), postgraduate training programs and fellowships, and to any jurisdiction in which he holds or seeks a medical license.

19. WAIVER OF CONFIDENTIALITY AND RELEASE OF RECORDS.

Dr. Bonney agrees and understands that the Board and the Department of Attorney General shall have complete access to his present and future counseling records regarding chemical dependency and/or substance misuse and to all otherwise confidential data pertaining to treatment or monitoring of Dr. Bonney for substance misuse. Dr. Bonney waives any privileges concerning such information, reports, or records, and agrees to execute any and all releases necessary to permit the Board access to such information during the term of this Consent

Agreement. All releases must, in addition to waiving any relevant State law privileges or immunities, provide the Board with access to all material covered by 42 C.F.R., Part 2. In the event that the releases are not sufficient to obtain access to any information which the Board considers relevant, Dr. Bonney agrees to personally obtain such information and furnish it to the Board.

20. SANCTION FOR VIOLATION OF CONSENT AGREEMENT.

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a. Automatic Suspension. Any reliable oral or written report to the Board of violation(s) of the terms and conditions of this Consent Agreement as described above by Dr. Bonney (other than the receipt of an initial "positive" test, the consequence of which is described in Paragraph 18.c.4.c, above) shall result in the immediate, and automatic suspension of Dr. Bonney's Temporary Educational Certificate in accordance with 32 M.R.S.A. §3286, and subject to 5 M.R.S.A. §10004(3). The automatic suspension of Dr. Bonney's Temporary Educational Certificate shall become effective at the time that he receives actual notice from the Board that a report of violation(s) has been made. Actual notice can be provided by telephone, in person, in writing, by another means or any combination of the above-referenced means. The indefinite, automatic suspension shall continue until the Board holds a hearing on the matter, unless the Board earlier determines that the report is without merit or decides that no further sanction is warranted.

b. Continued Suspension; Other Sanctions. Dr. Bonney's automatic license suspension shall continue for such time until the Board holds a hearing and reaches a decision. The Board will hold a hearing within 30 days of the automatic suspension pursuant to 5 M.R.S.A. §10004(3) (unless both Dr. Bonney and the Board agree to hold the hearing later) and shall be held pursuant to the Maine Administrative Procedure Act. The Board may impose such other discipline, including without limitation, fines, further suspension, probation, non-renewal or revocation of licensure, as the Board after hearing deems appropriate.

c. General Acknowledgment. Dr. Bonney acknowledges that, pursuant to Title 10 M.R.S. § 8003(5)(B), his failure to comply with any of the terms or conditions of this Consent Agreement shall constitute grounds for disciplinary action against his Temporary Educational Certificate, including but not limited to an order issued by the Board, after hearing, modifying, suspending, or revoking his license. In addition, Dr. Bonney agrees and acknowledges that, pursuant to 10 M.R.S. § 8003(5), the Board has the authority to suspend or revoke his Temporary Educational Certificate for any violation of the terms or conditions of this Consent Agreement.

21. DESIGNATED COPY OF CONSENT AGREEMENT.

Dr. Bonney shall have his supervising physician and all treatment providers read, date, and sign a copy of the Consent Agreement (the "Designated Copy"). Dr. Bonney shall retain a copy of the Consent Agreement signed by all of the aforementioned individuals at his practice locations and shall produce it upon request of the Board or its agent(s). Dr. Bonney shall ensure that he provides the Board with a copy of the signature page containing the signatures of his supervising physician and substance misuse health care provider. Dr. Bonney agrees that if new individuals assume the roles set forth in this Consent Agreement during the existence of this Consent Agreement, such individuals shall also read, date and sign the Consent Agreement, and he shall send a copy of the updated signature page to the Board.

Dr. Bonney shall provide a copy of this Consent Agreement to any hospital or medical practice with whom he is or becomes affiliated.

22. MISCELLANEOUS PROVISIONS.

a. Notice. Unless otherwise specified in this Consent Agreement, written notice shall be deemed served upon mailing by first class mail, postage prepaid.

(i). Notice to the Board:

State of Maine Board of Licensure in Medicine  
Attention: Board Investigator  
137 State House Station  
Augusta, Maine 04333-0137  
Telephone: (207) 287-3601

(ii). Notice to the Licensee:

Cameron R. Bonney, M.D.  
Maine Medical Center  
Department of Medical Education  
355 Brighton Ave, 3<sup>rd</sup> Floor  
Portland, ME 04102

b. Address Change. If Dr. Bonney changes jobs, moves his residence or practice, changes telephone numbers at work or at home, or secures privileges at a hospital, he shall provide written notice to the Board within ten (10) days of any such change. In addition, Dr. Bonney shall notify the Board of any attempts to seek licensure in another jurisdiction, and shall disclose to the licensing authority in such jurisdiction of his status with this Board.

c. Costs. All costs incurred in performance of the conditions of this Consent Agreement shall be borne by Dr. Bonney. If a violation of this Consent Agreement is proven to have occurred, regardless of the sanctions imposed, the Board may require Dr. Bonney to reimburse the Board for all actual costs and attorney's fees incurred in proving such violation.

d. Hearings. Unless otherwise specified, hearings shall be held consistent with the Maine Administrative Procedure Act.

e. Severance. If any clause of this Consent Agreement is deemed illegal or invalid, then that clause shall be deemed severed from this Consent Agreement.

23. DURATION OF CONSENT AGREEMENT.

The conditions of probation imposed by this Consent Agreement on Dr. Bonney's Educational Certificate shall remain in effect for two (2) years following the execution of this Consent Agreement until or unless they are amended or rescinded in writing by the parties hereto. Upon Dr. Bonney's successful completion of probation, the Board shall notify Dr. Bonney in writing of the termination of his probation and conditions.

24. AMENDMENT OF CONSENT AGREEMENT.

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Dr. Bonney waives his right to a hearing before the Board or any court regarding all findings, terms and conditions of this Consent Agreement. Dr. Bonney agrees that this Consent Agreement is a final order resolving Complaint CR 12-104, and is not appealable and is effective until modified or rescinded by the parties hereto. This Consent Agreement cannot be amended orally. It can only be amended by a writing signed by the parties hereto and approved by the Office of Attorney General. Requests for amendments to this Consent Agreement by Dr. Bonney shall be made in writing and submitted to the Board. Dr. Bonney shall bear the burden of demonstrating that the Board should amend the Consent Agreement. The Board shall have the sole discretion to: (a) deny Dr. Bonney's request; (b) grant Dr. Bonney's request; and/or (c) grant Dr. Bonney's request in part as it deems appropriate to ensure the protection of the public. Any decision by the Board as a result of Dr. Bonney's request to modify this Consent Agreement need not be made pursuant to a hearing and is not appealable to any court.

25. COMMUNICATIONS. The Board and the Attorney General may communicate and cooperate regarding Dr. Bonney's practice or any other matter relating to this Consent Agreement.

26. PUBLIC RECORD. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

27. REPORTABLE DISCIPLINE. This Consent Agreement constitutes discipline/adverse licensing action and is reportable to the National Practitioner Data Bank, the Federation of State Medical Boards, and other licensing jurisdictions.

28. ADVICE OF COUNSEL. Dr. Bonney has had an opportunity to consult with legal counsel regarding the terms and conditions of this Consent Agreement. Dr. Bonney has been represented by Christopher C. Taintor, Esq.

29. WAIVER OF RIGHT TO APPEAL CONSENT AGREEMENT.

Dr. Bonney waives his right to a hearing before the Board or any court regarding all facts, terms and conditions of this Consent Agreement. Dr. Bonney agrees that this Consent Agreement is a final order resolving Complaint CR 12-104 and his application to renew his Temporary Educational Certificate, and that it is not appealable and is effective until modified or rescinded in writing by the parties hereto.

30. Dr. Bonney acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

31. For the purposes of this Consent Agreement, "execution" means the date on which the final signature is affixed to this Consent Agreement.

**I, CAMERON R. BONNEY, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.**

Dated: 4-4-2014

  
CAMERON R. BONNEY, M.D.

STATE OF Maine  
Cumberland, S.S. (County)

Personally appeared before me the above-named, Cameron R. Bonney, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

Dated: 4-4-14

Susan N. Pollard  
NOTARY PUBLIC/ATTORNEY

Susan N. Pollard  
Notary Public, Maine

MY COMMISSION ENDS: Commission Expires May 17, 2019

Dated: April 4, 2014

Christopher C. Taintor  
CHRISTOPHER C. TAINTOR, ESQ.  
Attorney for Cameron R. Bonney, M.D.

STATE OF MAINE BOARD OF  
LICENSURE IN MEDICINE

Dated: 4/8/14

Maroulla S. Gleaton  
MAROULLA S. GLEATON, M.D., Chairman

STATE OF MAINE DEPARTMENT  
OF ATTORNEY GENERAL

Dated: 4/8/14

Dennis E. Smith  
DENNIS E. SMITH  
Assistant Attorney General

Effective Date: 4/8/14